

REQUEST FOR RE-ISSUANCE OF A STALE-DATED CHECK
(a check dated over a year ago and not cashed)

Mail to:

Bureau of Child Support
P.O. Box 7935 – Room E200
Madison, WI 53707-7935

See Next Page for Instructions

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s.49.83]

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Payee Name on the original check		Claimant (Your) Telephone Number () -	
Social Security Number of Payee on the stale dated check	KIDS Personal Identification Number (PIN) of Original Payee, if Known		
Payee Name for the New Check			
Address			
City		State	Zip Code

Signatures Must be Notarized

* Signature of Person Requesting Re-issuance of Stale Dated Check(s)	Signature of other person Requesting Re-issuance of Stale Dated Check(s) if more than one person is making the request	
Print Name	Print Name	
Notarization is Required Subscribed and affirmed to me This _____ day of _____, _____ _____ Notary Public, State of Wisconsin My commission (is permanent) _____ Or Expires _____	Official Use	
	Fund	Agency
	Person Handling	
	Phone Number	
	Request Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Send this completed and notarized document to the above "Mail To" address. Payment may take up to 3 weeks.		
* If the payee is deceased, the person making the request on behalf of the payee's estate should complete this form as completely as possible and attach a letter explaining that they are acting on behalf of the estate. Attach notarized copies of your appointment or authorization to act in this capacity.		

INSTRUCTIONS FOR COMPLETION OF A REQUEST FOR REISSUANCE OF A STALE-DATED CHECK

When completing the request form, please print the information clearly, in the boxes provided, and print in ink. If you are in possession of a stale-dated check(s), please write "VOID" on the check(s) and include the check(s) along with this Request for Re-issuance. **If you have multiple stale dated checks, you only need to complete one request form.**

Payee Name on Original Check

Enter the name of the person that the original check was made payable to.

Claimant (Your) Telephone Number

Enter your telephone number here. You are the claimant. This may or may not be the person named on the stale dated check.

Social Security Number (SSN) of Person Named on the stale dated check (Omitting the SSN may delay payment)

Enter the social security number of the payee named on the stale dated check. This may be you or someone else.

KIDS Personal Identification Number (PIN) if Known

Enter the KIDS child support system personal identification number (PIN) of the payee named on the stale dated check.

Payee Name for the New Check

Enter the payee name for the new check. This is whom the new check will be paid to. This is generally the name and address of the payee named on the stale dated check. If it is not, please attach detailed supporting documentation, including your name, address and your role/relationship in this matter.

Address, City, State, and Zip Code

Enter the address for the payee of the new check. This is where the new check will be mailed.

Signature of Person Requesting Re-issuance of Stale Dated Check(s)

This is the signature of the person making the request for the re-issuance of a stale dated check. The signature must be notarized. If it is not the payee named on the stale dated check, please attach an explanation and notarized copies of supporting documentation.

Signature of other person Requesting Re-issuance of Stale Dated Check(s) if more than one person is making the request

If more than one person is making the request for the re-issuance of a stale dated check (Example: the request is part of an estate that is jointly administered), please provide the signature of the other person(s) here. Signature(s) must also be notarized.

If the form is not properly notarized, it cannot be processed.

If the person making this request is acting on behalf of the payee's estate, then you must attach notarized copies of your authorization to act in this capacity.

Please direct questions regarding this form to the Bureau of Child Support at (608) 266-9909.